

<i>SERFF Tracking Number:</i>	<i>AGNN-125616094</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AIG Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>38745</i>
<i>Company Tracking Number:</i>	<i>208-1X</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>208-1X</i>		
<i>Project Name/Number:</i>	<i>208-1X/208-1X</i>		

Filing at a Glance

Company: AIG Annuity Insurance Company

Product Name: 208-1X

SERFF Tr Num: AGNN-125616094 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed

State Tr Num: 38745

Sub-TOI: A02I.003 Single Premium

Co Tr Num: 208-1X

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Angie Treinen

Disposition Date: 04/22/2008

Date Submitted: 04/18/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 208-1X

Status of Filing in Domicile: Pending

Project Number: 208-1X

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/22/2008

State Status Changed: 04/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed are duplicate copies of the above-referenced application form submitted for your review and approval. This form is new and does not replace any form previously approved by your Department. This filing does not contain any unusual or possibly controversial items from normal company or industry standards. The form will be marketed to individuals through financial institutions.

Form 208-1X is a deferred fixed annuity application currently intended for use with form A166-02, approved by your

<i>SERFF Tracking Number:</i>	<i>AGNN-125616094</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Variable</i>		
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Department on October 17, 2002. In the future we may use this application with other fixed annuity products that meet the guarantees offered and that are approved by your department.

This application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assume that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

We certify we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

Company and Contact

Filing Contact Information

Angie Treinen, Legal Analyst II	Angie_Treinen@aigvalic.com
2929 Allen Parkway, L10-30	(800) 262-4764 [Phone]
Houston, TX 77019-2155	(713) 831-6932[FAX]

Filing Company Information

AIG Annuity Insurance Company	CoCode: 70432	State of Domicile: Texas
2929 Allen Parkway, L10-30	Group Code: 12	Company Type:
Houston, TX 77019	Group Name:	State ID Number:
(713) 831-1305 ext. [Phone]	FEIN Number: 75-0770838	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	The filing fee in our domicile state of Texas for this form is \$100. Therefore, \$100 is attached.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Annuity Insurance Company	\$100.00	04/18/2008	19717807

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<i>Company Tracking Number:</i>	<i>208-1X</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.003 Single Premium</i>
<i>Product Name:</i>	<i>208-1X</i>		
<i>Project Name/Number:</i>	<i>208-1X/208-1X</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/22/2008	04/22/2008

<i>SERFF Tracking Number:</i>	<i>AGNN-125616094</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Variable</i>		
<i>Product Name:</i>	<i>208-1X</i>		
<i>Project Name/Number:</i>	<i>208-1X/208-1X</i>		

Disposition

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AGNN-125616094</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>208-1X</i>		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	statement of variability		Yes
Form	Single Premium Deferred Annuity Application		Yes

SERFF Tracking Number:	AGNN-125616094	State:	Arkansas
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Product Name:	208-1X		
Project Name/Number:	208-1X/208-1X		

Form Schedule

Lead Form Number: 208-1X

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	208-1X	Application/ Single Premium Enrollment Form	Deferred Annuity Application	Initial		45	208-1X_JohnDoe.pdf

Single Premium
Deferred Annuity Application**OWNER (All Policyholder correspondence will be sent to this address.)**Name: John Doe Sex: M Age: 35 DOB: 5/1/1971
Address: 123 Main Street Marital Status: M SSN: 123-45-6789
Anywhere, USA Daytime Phone: 123-456-7890**JOINT OWNER (Optional. Non-Qualified Annuities only.)**Name: _____ Sex: _____ Age: _____ DOB: _____
Marital Status: _____ SSN: _____ Daytime Phone: _____**ANNUITANT (If different from the Owner.)** Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.Name: _____ Sex: _____ Age: _____ DOB: _____
Address: _____ Daytime Phone: _____ SSN: _____
Relationship to Owner: _____**OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.**☐ If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.**Primary Beneficiary:** Name: Jane Doe Relationship: Wife**Contingent Beneficiary:** Name: _____ Relationship: _____**INTEREST RATE** (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for the applicable term without any withdrawals.) The minimum guaranteed interest rate for the life of the policy is [2.00]%.

<u>X</u>	1 year.	The Interest Rate on the Single Premium is [<u>6.25</u>]% for one year. This rate includes a [<u>3.00</u>]% interest rate enhancement payable in the first policy year only.
_____	[3] year.	The Interest Rate on the Single Premium is [_____]% for [3] years. This rate includes a [_____]% interest rate enhancement payable for [3] years.
_____	Step-Up	The Interest Rate on the Single Premium is [_____]% for the first year and increases [_____]% in years [2] through [5].
_____	MVA rate.	The Interest Rate on the Single Premium is [_____]% for the first year and [_____]% for years [2] through [5].

PURCHASE PAYMENTPolicy Number: H23456 Policy Date: 4/01/2008
Single Premium Payment: \$ 10,000 Annuity Date: 4/01/2038**PLAN TYPE** (required): ☒ **Non-Qualified** ☐ **Qualified****Tax-Qualified Plans:** ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 401 (Corporate Plan) ☐ 403(b) TSA ☐ Other: _____
Check one: ☐ Initial Contribution for Tax Year _____ ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year _____**SIGNATURES** Checks must be made payable to **AIG Annuity Insurance Company**.[Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No]Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☒ No (If yes, complete the following.) Company: _____ Policy No.: _____]

I understand this annuity is not federally insured. I represent that all statements and answers in this application are complete and true on my behalf and any person who may claim any interest under this policy. I have read and understand the important disclosures located on the reverse of this application.

Please initial if applicable: _____ I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.**X John Doe _____ X _____
Owner's Signature Joint Owner's Signature (if applicable)Signed at (city/state): Anywhere, USA on (date): 04/01/2008**REPRESENTATIVE INFORMATION**[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☒ No]Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☒ NoAs agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? ☒ Yes ☐ No

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Q. Agent _____ ABC Insurance Agency _____
Licensed Agent's Signature Agency Name and NumberBill Q. Agent _____ State Lic.#: 00615 Agent#: 76543
Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- AIG Annuity Insurance Company (AIGAIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNING

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

District of Columbia, Colorado, Kentucky, Kansas, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana and Massachusetts Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:	208-1X		
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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	04/18/2008
Comments:			
Attachment:			
FLESC-AR-208-1X.pdf			
Bypassed -Name:	Application	Review Status:	04/18/2008
Bypass Reason:	n/a		
Comments:			
Bypassed -Name:	Life & Annuity - Acturial Memo	Review Status:	04/18/2008
Bypass Reason:	n/a		
Comments:			
Satisfied -Name:	statement of variability	Review Status:	04/18/2008
Comments:			
Attachment:			
SOV-208-1X.pdf			

CERTIFICATION

AIG ANNUITY INSURANCE COMPANY, NAIC #70432, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
208-1X	Single Premium Deferred Annuity Application	45.0



Tracey Harris
Vice President

April 18, 2008
Date

Statement of Variability for Form 208-1X

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

- Interest Rate Options: To allow for flexibility in offering different interest rate guarantee period options. Possible guarantee period options are 1, 2, 3, 5, and 7 years.
- Minimum Guaranteed Rate: We have included a space for the current minimum guaranteed interest rate to be completed. Any changes to interest rate guarantee period, the current crediting rate, the bonus rate and the minimum guaranteed rate will be applicable to new issues only.

The guaranteed minimum interest rate in the above captioned form is submitted on a variable basis. The minimum guaranteed interest rate is denoted as variable by the use of brackets []. The rate will range between 1.0% to 3.50% and is tied to the five-year Constant Maturity Treasury Rate. Any changes will be applicable only to new issues.

- Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
- Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
- Fraud Warning: The state specific fraud warnings are bracketed so that we may modify the text to comply with changes in state law.
- The contact number for a Client Service Professional and the Company Address is shown as bracketed for situations where the number or address may change.



Tracey Harris
Vice President
April 18, 2008